

FEDERAL DIRECT LOAN PROGRAM
STAFFORD **ENTRANCE** COUNSELING
Date Conducted: _____

I have attended the entrance counseling session held for the purpose of informing me of my rights and responsibilities regarding my student loan(s). My up-to-date contact information as is follows:

Signature

Social Security Number

STUDENT CONTACT INFORMATION

You are required to provide your current contact information to your loan servicer. If you complete entrance counseling online, your contact information will automatically be provided to your loan servicer. If you did not (and will not) complete entrance counseling online, you may use this form to provide the information to your school. You are also required to notify your loan servicer of any changes to your contact information after you leave school. You must complete all items except those marked as optional.

Personal (Please print clearly)

Last Name, First Name (Middle initial is Optional)

Street Address

City, State, Zip Code/Postal Code, Country

Area code/Telephone Number Email Address (Optional)

Driver's License or State ID number (Optional) Issuing State (Optional)

Employer (Optional, if known)

Expected employer (after leaving school)

Street Address

City, State, Zip Code/Postal Code, Country

Phone Number

Enter next of kin with a U.S. address different from yours, who will know your whereabouts for at least three years.

Last Name, First Name

Street Address

City, State, Zip Code

Area code/Telephone Number

References: You must list two persons with different U.S. addresses, who will know your whereabouts for at least three years.

1

Last Name, First Name

Street Address

City, State, Zip Code

Area Code/Telephone Number

2

Last Name, First Name

Street Address

City, State, Zip Code

Area Code/Telephone Number